CITY OF ONTARIO
INCOME TAX DIVISION
555 STUMBO ROAD
ONTARIO, OHIO 44906-1259

2016

CITY OF ONTARIO INCOME TAX FORMS

JOINT / INDIVIDUAL RETURN

PENALTY AND INTEREST WILL BE ASSESSED FOR FAILURE TO COMPLY

- **INCOME TAX RATE 1.5%**
- **INCOME TAX FORGIVENESS / CREDIT EQUALS 1.0%**

Dear Taxpayer:

This is your Ontario City Income Tax Package. To assist you in filing your return, we have included INSTRUCTIONS, THE ANNUAL RETURN, THE DECLARATION OF ESTIMATED TAX AND THE DECLARATION OF EXEMPTION.

Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 18, 2017.

Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return.

Web Site www.ontarioohio.org

IMPORTANT

BEFORE preparing your return: READ ALL GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY.

AFTER preparing your return – Be sure the following requirements have been completed:

- **FILE YOUR RETURN BY APRIL 18th. If delinquent, Late Filing Penalty and/or Interest Charges will be Assessed.**
- **ATTACH ALL REQUIRED FORMS** (W-2, 1099, or FEDERAL SCHEDULES) to verify all reported figures.
- **SIGN THE RETURN,** both Husband and Wife must sign a joint return.
- **INCLUDE PAYMENT OF ANY TAX DUE.** NONPAYMENT WILL INCUR PENALTY AND/OR INTEREST CHARGES.
- **COMPLETE THE DECLARATION OF ESTIMATED TAX** for the following year and include payment of the first installment.

If you have questions, call or visit the office at 555 Stumbo Road. Telephone number is (419) 529-3045
Fax number is (419) 529-6132

Sincerely,

Sallie L. Neal
Income Tax Administrator

MAKE PAYABLE AND MAIL TO:

CITY OF ONTARIO
INCOME TAX DEPARTMENT
555 STUMBO ROAD
ONTARIO, OH 44906-1259

PHONE 419-529-3045 FAX 419-529-6132
sneal@ontarioohio.org

2016

JOINT/INDIVIDUAL INCOME TAX RETURN
CITY OF ONTARIO, OHIO

Jan. 1, 2016 – Dec. 31, 2016

DUE: APRIL 18, 2017

Office Use Only

Filing Status

- ☐ Single
- ☐ Married filing joint
- ☐ Married filing separate

☐ RESIDENT
☐ NON-RESIDENT

NAME:

ADDRESS:

E-MAIL ADDRESS:

PHONE NO.:

TAXPAYER'S SOC SEC NO: _____

SPOUSE'S SOC SEC NO: _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME _____
ADDRESS _____

1. WAGES, SALARIES, & TIPS (BOX 5 OF W-2 OR HIGHEST WAGE ON W-2) ..... 1. $ _____
(ATTACH ALL W-2'S AND FEDERAL FORM 1040, PAGES 1 AND 2)
2. FEDERAL FORM 2106 DEDUCTIONS – SEE INSTRUCTIONS ..... 2. $ _____
(BOTH FORM 2106 AND FEDERAL SCHEDULE A MUST BE ATTACHED TO RECEIVE DEDUCTION)
3. OTHER INCOME: FROM FED SCHEDULES – SEE INSTRUCTIONS ..... 3. $ _____
(ATTACH ALL DOCUMENTATION) = 1099-R's ARE NOT TAXABLE AT CITY LEVEL
4. TOTAL INCOME (SUBTRACT LINE 2 FROM LINE 1 AND ADD LINE 3) ..... 4. $ _____
5. ONTARIO INCOME TAX 1.5% OF LINE 4 (LINE 4 x .015)..... 5. $ _____
6. CREDITS
   A. TAX WITHHELD BY EMPLOYER FOR CITY OF ONTARIO ..... 6A. _____
   B. ESTIMATED TAX PAID CITY OF ONTARIO ..... 6B. _____
   C. PRIOR YEAR OVER PAYMENTS ..... 6C. _____
   D. TAX PAID CITY OF _____ Not to exceed 1.0% of taxed gross earnings (Limit per each W-2) 6D. _____
   E. TOTAL CREDITS (ADD A, B, C, and D) ..... 6E. $ _____
7. **TAX DUE (LINE 5 MINUS LINE 6E)** ..... 7. $ _____
8. LATE FILING FEE ($35.00) OR NON-PAYMENT PENALTY (35.00)..... 8. $ _____
9. PENALTY (1.0% PER MONTH) _____ 10. PLUS INTEREST (0.5% PER MONTH) _____ ..... 9/10. $ _____
11. TOTAL AMOUNT DUE ..... (No payment or refund for amount under $3.00).. 11. $ _____

PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN

12 OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN ZERO ..... 12. $ _____
12A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED ..... 12A. _____
12B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2016 ESTIMATED TAX ..... 12B. _____

2017 DECLARATION OF ESTIMATED TAXES

****REQUIRED IF YOUR ONTARIO TAX LIABILITY WAS OVER $200.00 LAST YEAR****

13. TOTAL INCOME SUBJECT TO TAX $ _____ MULTIPLY BY 1.5% ..... 13. $ _____
14. ESTIMATED CREDITS (TAX WITHHELD, PAID BY PARTNERSHIPS, PAID TO OTHER CITIES) ..... 14. $ _____
15. NET TAX DUE (SUBTRACT LINE 14 FROM LINE 13) ..... 15. $ _____
16. FIRST INSTALLMENT OF DECLARATION (NOT LESS THAN 22.5% OF LINE 15) ..... 16. $ _____
17. LESS OVERPAYMENT FROM LINE 12B ABOVE: ($_____) = BALANCE DUE WITH RETURN: ..... 17. $ _____

18. TOTALAMOUNT DUE (ADD Lines 7 and 17) ..... **PAY THIS AMOUNT** (Make Checks Payabable to City of Ontario **..... 18.** **$** _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes where applicable. This Tax Return is Not Legally filed if not signed by the Taxpayer(s) or a legally Authorized Agent.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent _____ Date _____

Address of Firm or Preparer _____ Signature of Spouse (If filing Jointly) _____ Date _____

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? .....Yes ☐ No ☐

WORKSHEET A – SALARIES AND WAGES (W2 INCOME)

Column 1	Column 2	Column 3	Column 4	Column 5 (B)
Employer, City, State	**Income From Each W-2 Box 5/18**	**2106 Expenses Adj.**	**Ontario Tax Withheld**	**Other City Tax Withheld**
A.				
B.				
C.				
D.				
Totals				
ENTER ON	Line 1	Line 2	Line 6A	Line 6D

(A) 2106 expenses can only be used if used federally. To calculate the acceptable adjustment (Column 3), use line 10 of Form 2106 minus 2% of line 38 of Form 1040. Please include a copy of Federal Forms 2106, 1040, and Schedule A for documentation. Income reduced by this 2106 adjustment and (B) Other City Tax Withheld (Column 5) cannot exceed 1% of income from each W-2 (Column 2).

WORKSHEET B – OTHER INCOME

1. Schedule C (If taxes paid to other cities, ATTACH OTHER CITIES' RETURNS (Attach copy of Schedule C)

(A)	(B)	(C)	(D)	(E) (C times D)
Business Name	**Business Address**	**Net Profit/ (Loss)**	**Allocation Percentage**	**Amount Subject to Tax**
A.				
B.				
			TOTAL (1)	**$**

2. Schedule E – Income From Rents (Attach Federal Schedule E)

TOTAL (2)	**$**

3. Schedule H – Other Income Not Included in Schedules C or E (Attach Federal Schedules)
Income from Partnerships, Estates, Trusts, Fees, Tips, 1099's, etc.

Received From Name/ID#	For (Description and/or Location)	Amount
A.		
B.		

TOTAL (3) $ _____

TOTAL OTHER INCOME (ADD LINES 1 – 3) ENTER ON LINE 3 OF RETURN **TOTAL $** _____

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. **(Final Return Line 3 cannot be less than zero, if you have W-2 income)**

WORKSHEET C – EXEMPTION

VERIFICATION REQUIRED

EXEMPTION

I AM EXEMPT BECAUSE:

❒ I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____

❒ I HAD NO TAXABLE INCOME IN 2015 ❒ ACTIVE MILITARY* ❒ UNEMPLOYED ❒ DISABLED

❒ SOCIAL SECURITY ❒ PENSION*

I UNDERSTAND THAT I MUST FILE A CITY OF ONTARIO,OHIO TAX RETURN IF ANY OF THESE EXEMPT CONDITIONS CHANGE IN FUTURE YEARS.

I DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE CODIFIED ORDINANCES OF THE CITY OF ONTARIO, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.

Name _____

Address _____ Social Security Number _____

Exempt Person's Signature _____ Date _____ Phone _____

CITY OF ONTARIO, OHIO
DECLARATION OF ESTIMATED TAX FOR YEAR 2017

2017 ESTIMATED VOUCHER #1 – DUE APRIL 18, 2017

Name: _____ Last four of Soc. Sec. # _____

Address: _____

1. Total income subject to tax $ _____ (Multiply by .015%) ..... $ _____
2. Less allowable credit of other city wages (limited to 1.0%)..... $ _____
3. Total Declaration (line 1 minus line 2) ..... $ _____
4. Payment amounts (line 3 times 0.225) ..... $ _____
5. Overpayment from previous year..... $ _____
6. First payment amount (line 4 minus line 5) ..... $ _____

90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS

2017 ESTIMATED TAX VOUCHER #2 – DUE JUNE 15, 2017

Name: _____ Last four of Soc. Sec. # _____

Address: _____ Phone Number _____

1. Payment Enclosed $ _____ 2. Remaining Balance $ _____

2017 ESTIMATED TAX VOUCHER #3 – DUE SEPTEMBER 15, 2017

Name: _____ Last four of Soc. Sec. # _____

Address: _____ Phone Number _____

1. Payment Enclosed $ _____ 2. Remaining Balance $ _____

2017 ESTIMATED TAX VOUCHER #4 – DUE DECEMBER 15, 2017

Name: _____ Last four of Soc. Sec. # _____

Address: _____ Phone Number _____

1. Payment Enclosed $ _____ 2. Remaining Balance $ _____

MAIL PAYMENTS TO: **CITY OF ONTARIO, INCOME TAX DEPARTMENT**
555 STUMBO ROAD
ONTARIO, OHIO 44906-1259

IF YOU HAVE ANY QUESTIONS CONTACT THE TAX OFFICE AT 419-529-3045